

Appendix C

Medicaid Services and Programs

The following gives brief descriptions of services and programs that are covered by North Carolina Medicaid. This information is intended as an overview only. Detailed information regarding program coverage, and restriction and limitations on services can be found in the appropriate provider manuals.

Adult Care Home (ACH) Resident Transportation	Residents eligible for “regular” Medicaid (blue MID card) qualify for coverage of nonemergency medically necessary transportation provided by the home’s staff, or others under arrangement with the home, to receive health care services.
Ambulance Transportation	Ambulance services must be medically necessary and are subject to limitations. Such transportation is not considered medically necessary when other means of transportation can be safely used.
Ambulatory Surgical Center (ASC)	A freestanding facility, other than a physician’s office, where surgical and diagnostic services are provided on an ambulatory basis.
At-Risk Case Management	Case management services for adults and children who are at risk of abuse, neglect, or exploitation.
Audiology	Testing and evaluation of hearing with services including auditory training, speech reading, instruction on the care and maintenance of hearing aids, assistive listening devices, and other recommendations for overcoming or adjusting to hearing impairment.
Baby Love (MPW)	A preventive program for Medicaid-eligible pregnant women and infants designed to reduce infant mortality. Recipients are issued a pink Medicaid ID card signifying that they are eligible only for pregnancy-related services. Pregnant women can receive comprehensive care from the beginning of pregnancy through the end of the month in which the 60th postpartum day occurs. Maternity Care Coordinators (located in all 100 county health departments) provide case management services.
Birthing Center	A facility, other than a hospital’s maternity facilities or a physician’s office, which provides a setting for labor, delivery, and immediate postpartum care, as well as immediate care of newborn infants.
Carolina ACCESS (CA)	Medicaid’s primary case management program, CA contracts with primary care providers (PCPs) who act as gatekeepers in providing and coordinating recipient health care.
Certified Nurse Midwives	A registered nurse providing services to essentially healthy pregnant women and newborns throughout the maternity cycle that includes labor, birth and the postpartum period. Nurse midwives practicing in accordance with state law are reimbursed at the same rates as physicians for those services they are authorized to perform.

Chiropractor	Services are limited to manual manipulation of the spine to correct a subluxation and selected x-rays. The subluxation must be supported by x-ray and diagnosis.
Community Alternatives Programs (CAP)	North Carolina operates four programs to provide home and community care as a cost-effective alternative to institutionalization. These are known as waiver programs because standard program requirements are waived to allow the programs to operate. The waiver programs provide some services that are not otherwise covered under Medicaid.
Community Alternatives Program for Persons with AIDS (CAP/AIDS)	An alternative to nursing facility care for persons with AIDS and children who are HIV-positive and meet other criteria.
Community Alternatives Program for Children (CAP-C)	Cost-effective home care for medically fragile children (through age 18) who would otherwise require long-term hospital care or nursing facility care.
Community Alternatives Program for Disabled Adults (CAP-DA)	Services that allow adults (age 18 and above) who require care in a nursing facility to remain in the community.
Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities (CAP-MR/DD)	Services to individuals of any age who normally would require care in an intermediate care facility for the mentally retarded.
Dental Services	Most general dental services are covered, such as exams, cleanings, fillings, x-rays, and dentures. Additional services are covered for children eligible under the Health Check Program.
Dialysis Center	Facilities that care for recipients with end-stage renal disease requiring ongoing dialysis. The reimbursement includes treatment, lab, and supplies.
Durable Medical Equipment	Equipment and related supplies considered medically necessary and appropriate for use in a recipient's home.
Family Planning	Services cover family planning consultation, examination, and treatment by a physician. Sterilizations, abortions, and hysterectomies are permitted under limited circumstances but require documentation and approval.
Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)	Services provided at these facilities do not require copayments and are reimbursed their reasonable cost as required by federal law.
Health-Related Services Provided in Public Schools and Head Start Programs	Medicaid reimburses local education agencies or local Head Start programs for providing physical therapy, occupational therapy, psychological services, audiological services, and speech/language services in public schools.
Health Check (EPSDT)	Provides preventive health care to children and teens from birth through age 20. Pays for child health examinations and for the diagnosis, treatment, and

referrals necessary to correct any identified health problems.

Health Departments	Medicaid reimburses a variety of health care services such as Health Check and family planning services.
Hearing Aid Service	Hearing aids, necessary accessories, and supplies are covered for recipients under age 21.
HIV Case Management Services (HIV CMS)	A program that assists Medicaid recipients who have a diagnosis of HIV disease or HIV seropositivity in gaining access to needed medical, social, educational and other services.
Home Health Services	Services to recipients in an appropriate home settings as documented by an attending physician who orders the care. Services are medically necessary including skilled nursing, home health aide services, physical therapy, occupational therapy, speech-language pathology, and medical supplies. Services are rendered by a Medicare-certified home health agency to help restore, rehabilitate, or maintain a recipient at home.
Home Infusion Therapy (HIT)	Medicaid's HIT coverage includes enteral therapy (EN), total parenteral therapy (TPN), antibiotic therapy, pain management therapy, and chemotherapy for cancer. IT is available to patients in private residences and adult care homes.
Hospice	Medical and support services for recipients with a medical prognosis of six months or less to live. Hospice care may be provided in a private residence, a Hospice residential care facility, an adult care home, or a Hospice inpatient unit. If a hospital or nursing facility has a contractual agreement with the Hospice agency, these facilities also qualify.
Hospital – Inpatient	A facility that provides primarily diagnostic, therapeutic, and rehabilitation services by or under the supervision of physicians to patients admitted to the hospital for a variety of medical conditions.
Hospital – Outpatient	A hospital that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
Independent Practitioners Program (IP)	Physical therapy, occupational therapy, respiration therapy, speech and language therapy, and audiological services to children birth through age 20.
Intermediate Care Facility/Mentally Retarded (ICF/MR)	For recipients who are mentally retarded or have a similar condition. These recipients require nursing services but not the constant availability of the medical services of an acute care hospital. Nursing services must be provided under physician's orders at least eight hours a day.
Laboratory and X-Ray	These services are covered when ordered by a physician. The services are covered in a variety of settings.

Mental Health Services	Area mental health centers offer an array of outpatient services in their catchment areas. Visits to independent psychiatrists and physicians for mental health services are covered if the prior approval process has been followed. Inpatient services in state and private mental health hospital and psychiatric units of general hospitals are covered for recipients under age 21 and over age 65. Medicaid reimburses inpatient services for recipients age 22 through 64 in psychiatric units of general hospitals only.
Nurse Practitioners	Registered nurse who is qualified and specially trained to provide primary care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, and other health care institutions. North Carolina Medicaid covers the services of a nurse practitioner who practices in collaboration with a supervising licensed physician.
Nursing Facility (NF)	North Carolina Medicaid provides facility services for recipients who meet the eligibility and medical requirements for long-term care services. Prior approval for the appropriate level of care is required.
Occupational Therapy	Services that include testing or clinical observation to determine motor development, neuromuscular and musculoskeletal status, feeding and oral motor function, and assessment of adaptive equipment needs.
Optical Supplies	Eyeglasses and certain other visual aids furnished or dispensed by an ophthalmologist, optometrist, or optician. Restrictions apply.
Personal Care Services (PCS)	PCS covers an in-home aide going to the private residence where the patient lives to perform personal care tasks for the patient who, due to a medical condition, needs help with such activities as bathing, toileting, moving about and keeping track of vital signs. While in the home to provide personal care, the aide may also provide housekeeping and home management tasks that are essential, although secondary to the personal care tasks necessary for maintaining the patient's health.
Pharmacy	Prescription drugs and insulin provided in ambulatory and adult care facilities with a monthly limit of six prescriptions. Certain recipients are exempt from this monthly limit.
Physical Therapy	Services provided on an inpatient or outpatient basis or through a home health agency. Services through an independent practitioner are covered for recipients through age 20, if ordered by a physician.
Physicians	Professional services are covered when medically necessary, subject to an annual 24-visit limit with exceptions. ⁶ Services may be provided in an office, an inpatient or outpatient hospital, skilled nursing facility, or elsewhere. Physician services include diagnosis, therapy, surgery, and consultation.
Planned Parenthood	Certified Planned Parenthood Centers are reimbursed for family planning services which consist of counseling services and patient education, examination, and treatment by medical professionals in accordance with applicable state requirements, laboratory examinations and tests, medically approved methods, procedures, pharmaceutical supplies, and devices to prevent conception.

Podiatrists	Procedures performed in the surgical, medical, or mechanical treatment of the foot by a legally authorized podiatric physician. Routine foot care is not covered unless the recipient has a systemic disease and requires a podiatrist for routine foot care.
Private Duty Nursing (PDN)	PDN is medically necessary continuous, substantial, and complex nursing services by a licensed nurse for recipients who live at home and need care in that home.
Respiratory Therapy	Independent Practitioner services may include testing or clinical observation, as appropriate for evaluation of pulmonary status and appropriate treatment including bronchodilator and aerosol therapy, oxygen therapy, suctioning techniques, chest physiotherapy, postural drainage, breathing techniques, ventilator care, and monitoring of respiratory status.
Rural Health Clinic Services	Medicaid pays physician and physician-directed services at rural health clinics, whether provided by a physician, physician assistant, nurse practitioner, or certified nurse midwife. These services are covered if provided in a clinic setting, a skilled nursing facility, other medical facility, or recipient's residence.
Speech Pathology	Testing with resulting treatment that may include articulation therapy, language therapy, voice therapy, and instructions on helping to improve the identified speech-language disability.
Therapeutic Leave	Medicaid recipients residing in nursing facilities are allowed 60 days of therapeutic leave per calendar year. Leave taken in excess of 15 days requires prior approval.

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